

Department of Employee Trust Funds
Wisconsin Retirement System
801 W. Badger Rd. – P.O. Box 7931
Madison, WI 53707-7931

EMPLOYEE IDENTIFICATION CORRECTION/CHANGE

Wis. Stat. § 40.03 and 40.07

See reverse side for field requirements for each type of account correction.

PLEASE TYPE OR PRINT IN INK

Please refer to Chapter 5 of the WRS Employer Manual
(ET-1127) for instructions on completing this form.

Report Date (MM/DD/CCYY)

Correct Social Security Number

Incorrect Social Security Number
(Submit a Copy of SS Card)

Employee Name (Last, First, Middle)

Gender

☐ Male
☐ Female

Former Name (Birth/Married)

Address (Street, City, State, Zip, Foreign Country & Mail Code – if not USA)

Birthdate (MM/DD/CCYY)
(Submit a copy of Birth Certificate)

Date Participating Employment Began
With This Employer (MM/DD/CCYY)

Statement of Benefits Distribution Code

Incorrect ETF Employer Identification
Number

69-036-

Correct ETF Employer Identification Number

69-036-

Employer Name (if State of Wisconsin, include department)

Incorrect Employment Category

Correct Employment Category

ACCOUNT CORRECTION (See descriptions on other side.)

- ☐ **P030** Social Security Number (Identification required)
- ☐ **P031** Name
- ☐ **P032** Birthdate (Identification required)
- ☐ **P033** Employment Begin Date
- ☐ **P034** Statement of Benefits Distribution Code
- ☐ **P035** ETF Employer Number
- ☐ **P036** Gender Indicator
- ☐ **P063** Employment Category

FOR ETF USE ONLY

☐ **P039** Coverage Begin

Date _____

☐ **P041** Verification (Only check this box to
change verification code)

☐ Yes ☐ No SS No. Verified

☐ Yes ☐ No DOB Verified

☐ **P065** Delete incorrect employment category

Incorrect Birthdate _____

☐ Keying Error

**AGENT
MUST
SIGN HERE**



I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. I certify that I am responsible for reporting coverage information to the Wisconsin Retirement System.

Date Signed (MM/DD/CCYY)

Signature and Title of Agent

P030 = Social Security Number (Identification Required)

P031 = Name

P032 = Birthdate (Identification required)

P033 = Employment Begin Date

P034 = Statement of Benefits Distribution Code

P035 = ETF Employer Number (EIN)

P036 = Gender Indicator

P063 = Employment Category

Employee Identification Correction/Change (ET-2810) - Field Requirements

Fields:	Account Correction Codes							
R=Required	P030	P031	P032	P033	P034	P035	P036	P063
1. Report Date	R	R	R	R	R	R	R	R
2. Social Security Number (Correct)	R	R	R	R	R	R	R	R
3. Social Security Number (Incorrect)	R							
4. Employee Name (Last, First, Middle)	R	R	R	R	R	R	R	R
5. Indicator	R	R	R	R	R	R	R	R
6. Former Name		R						
7. Address								
8. Birthdate	R	R	R	R	R	R	R	R
9. Employment Begin Date				R				R
10. Statement of Benefits Distribution Code					R			
11. ETF Employer Number (EIN) (Incorrect)						R		
12. ETF Employer Number (EIN) (Correct)	R	R	R	R	R	R	R	R
13. Employer Name								
14. Employment Category (Incorrect)								R
15. Employment Category (Correct)	R	R	R	R	R	R	R	R
16. Account Correction (Check Box)	R	R	R	R	R	R	R	R
17. Signature & Title of Agent/Date Signed	R	R	R	R	R	R	R	R